



STATE OF WASHINGTON

DEPARTMENT OF LABOR AND INDUSTRIES

PO BOX 44291, OLYMPIA, WASHINGTON 98504-4291

June 19, 2019

WARREN PETERSON  
PO BOX 853  
EAST OLYMPIA WA 98540-0853

CLAIM NUMBER [REDACTED]  
INJURY DATE 05/26/2019  
DATE OF BIRTH  
CLAIMANT PETERSON  
WARREN J

Dear Employer:

I am in receipt of your employer report of accident for injury that occurred on 5/26/19, which I construed as a protest to the 6/4/19 decision.

As you may be aware, on 6/4/19 I rejected the claim because Mr. Peterson was not in the course of employment on 5/26/19 when he was driving his personal vehicle back from the Kennewick area.

I have determined the 6/4/19 decision is correct. I base my decision on the fact that Mr. Peterson was not in the course of employment on 5/26/19 when he and his wife drove their personal vehicle to the Kennewick area to pick up his motorcycle and on his way back home, was involved in a motor vehicle accident.

Separately you will receive an order affirming the 6/4/19 decision with your appeal rights if you continue to disagree with my decision.

Thank you.

Sincerely,

Sarah Klovas  
Claims Manager, Unit 3  
PHONE: (360) 902-6372  
FAX: (360) 902-4567

\*\*\*\*\* GO PAPERLESS \*\*\*\*\*

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Translated correspondence will be sent by postal mail

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ORIG: EMPLOYER - THURSTON COUNTY FIRE DIST 6  
CC: WORKER - WARREN PETERSON  
PROVIDER - JOFFE AARON M DO